

## **Hunger and AIDS tear apart a family and a nation**

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By STEPHANIE NOLEN

BLANTYRE, MALAWI -- Danjani Zacharia is only 10, but she knows something is terribly wrong. Her little brother, Ali, is shrinking, lighter every time she lifts him. His once-dark curls are turning reddish and thinning out.

So one day last week, Danjani set out at dawn with Ali on her hip, and walked six hours from her village into Blantyre, home to the nearest hospital. Once there, she made her way to the nutritional rehabilitation unit. She sat down with Ali, wide-eyed and silent -- always silent, these days -- in her lap, the two of them dwarfed by the blue plastic chair, and waited for someone to notice them.

Danjani and her little brother, two years old and perhaps five kilograms in weight, have not had a meal in two weeks, not since their mother died of what was, by the sounds of it, AIDS. The family has nothing in their grain stores, because their mother was too sick to plant this year, and now there is no one to forage or beg for them. Danjani, a few years older and so a little more resilient, has eaten a few leaves and still looks healthy enough. But in Ali's face, made ancient by the ravages of hunger, are all the signs of what's coming to Malawi.

Five million people are critically short of food in this small, southern African country, teetering on the brink of what may be, by January, a full-scale famine. The cause is a lethal combination of an old scourge and a new one: drought and AIDS, twin menaces that are feeding off each other in this region.

Pediatrician James Bunn said that half of the admissions to the nutrition ward he supervises are AIDS-related.

Either the children are infected, and therefore much more vulnerable to the diseases that target the malnourished, or HIV has undermined their family's food security because adults couldn't work or spent fertilizer money on hospital visits.

"We get the orphans, the families with HIV -- they've got less and less resources," he said. "It doesn't take much to push them over the edge."

"AIDS means that greater numbers of people have less to keep themselves from falling over the edge when they get a shock" like this year's drought, said Peter Smerdon, a spokesman for the UN's World Health Organization. "They've already spent their money on clinics, there's nothing to spend on food."

The rains failed this year, so the annual harvest of subsistence farmers is small or non-existent -- the worst harvest since the last famine, 11 years ago. At the same time, the raging force of AIDS (one in six adults here is infected) makes the country hugely vulnerable: Dead people can't farm, nor can sick ones. Many households spent precious cash on drugs or coffins instead of seeds and fertilizers. Many others are headed by children such as Danjani, or by grannies whose gnarled hands can't clear nearly enough land to feed all the children in their care.

It isn't just Malawi. Across southern Africa, the UN's World Food Programme says, 9.2 million people will need food this year: in Mozambique, Lesotho, Swaziland, Zambia, Zimbabwe. This list includes the four countries in the world worst-hit by AIDS, some with almost 40 per cent of their adult populations living with the virus. It's the harshest lesson yet in what AIDS is doing to economies and their ability to cope with shocks.

But in the response, there is another grim lesson. The WFP has been urgently asking for funds for the past six months, but has raised just half of what it needs from wealthy nations. The WFP says it needs a minimum of \$400-million (U.S.) to feed the region. Canada's contribution to date is \$3.7-million (U.S.), or 0.6 per cent of the total budget.

One reason for the shortfall is that the South Asian tsunamis, hurricane Katrina in the U.S. South and the earthquake in Pakistan and India have shifted donors' attention away from hunger in Africa, which is perceived as a perpetual problem. But in Blantyre, Mr. Smerdon noted that when the babies start dying in December and January, the area may gain marginally more attention.

"Donor governments don't provide the funds until it's a complete crisis," he said. "But if it reaches the emergency level in Malawi, it will cost much more to contain, let alone undo, the damage. Whereas if they put the money in now, it's a preventable emergency."

Danjani Zacharia represents the worst-hit households. Most people still have a few weeks worth of food left from their small harvest, or the money to buy maize on the market. But the WFP knows what's coming -- from household surveys looking at how much was grown, how much is in the grain baskets and how much maize costs on the market (the price has doubled since spring).

Donor funds are needed now, the group says, to start distributing rations to households so that they stay in good enough health to plant for next year.

It typically takes as long as four months for donor pledges to turn into food on the ground, Mr. Smerdon said -- countries are slow to release the funds, and Malawi has limited infrastructure to import and move food -- so the country needs cash, and fast.

"A critical window of opportunity to get enough food to Malawi is closing fast," he said. Yet many countries will instead offer food aid, unloading their own agricultural surpluses, despite the fact that these may not arrive here until February, when the worst of the damage is done.

Aid agencies are making the comparison to Niger, where a huge relief effort is under way. Niger was ravaged by locusts six months before the famine hit and it was obvious that there would be a critical food shortage, but appeals from the WFP went unmet until television footage showed babies who had died.

Unlike Niger, Malawi has a government that is frank about the needs and is doing everything it can to prevent disaster. So far, it is the largest donor to the WFP's campaign for the country.

"We are not just asking for handouts: Malawians believe you must try to help yourself before you can ask anyone else . . ." Agriculture Minister Uladi Mussa told reporters recently. "But at this stage we need help, and if there was a country on the moon, we would accept assistance from it."

In the malnutrition ward at Queen Elizabeth, Dr. Bunn notes that most of the time, the ward runs on donations of milk and eggs and blankets from the community. "But there is a point at which [citizens] cannot support the food needs of an entire country," he said.

He and his team of overworked nurses are bracing themselves: Admissions are up 40 per cent this month over the same period last year, and Dr. Bunn is sure that in a few weeks their 100 beds will be full of critically malnourished children, and half as many more will be lying on the floor between the cots.

"We will only see the tip of the iceberg. The vast majority will be in the community and they will get respiratory infections or gastroenteritis, and the malnutrition will knock them over the edge," he said. "A huge percentage will die without seeing a health worker."

Even in a good year, Malawians go through a "hunger gap," when the grain baskets run low before the harvest. Forty-eight per cent of the children in the country show signs of stunting, a level the WHO calls "critical." The majority of Malawians are subsistence farmers, with an average of just 0.4 hectares of land.

Already the price of maize has hit levels not seen in years, and people have been lining up for three and four days at a time outside the government-affiliated company that sells at subsidized prices.

In most parts of the country, those reserves have run out, and the next harvest is at least six months away.

### **A country in need**

Established in 1891, the British protectorate of Nyasaland became the independent nation of Malawi in 1964. Corruption, population growth, increasing pressure on agricultural lands, and HIV/AIDS pose major problems for the country.

- Population: 12.2 million

Estimates have to take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex.

- Infant mortality rate: 103.32 deaths/1,000 live births
- HIV/AIDS infection rate: 14.2% of adults (2003)
- Total living with HIV/AIDS: 900,000 (2003)